DOCUMENT RESUME

ED 460 483 EC 306 859

AUTHOR Berman, Harvey J.; Rosser, John
TITLE A Community-Based Continuum of Services Compatible within the Managed Care Environment.
PUB DATE 1996-02-00
NOTE 4p.; In: A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (9th, Tampa, FL, February 26-28, 1996); see EC 306 844.
AVAILABLE FROM For full text: http://rtckids.fmhi.usf.edu/Proceed9th/9thprocindex.htm.
PUB TYPE Reports - Descriptive (141) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; Agency Cooperation; Children; *Community Programs; *Emotional Disturbances; *Health Maintenance Organizations; Integrated Services
IDENTIFIERS Maine; New Hampshire; Rhode Island; Support Services

ABSTRACT

This summary outlines a model of service delivery to children and adolescents with emotional disturbances which uses a "hub" model to provide community-based services in Maine, New Hampshire, and Rhode Island. The program's administrative structure involves a central administration (for financial administration and program coordination, governance, computerized systems, human resources coordination, training, clinical and educational oversight, quality assurance, licensing accreditation, government relations, and fundraising) and decentralized program supervision structures (which emphasize oversight of clusters of specific programs based on categories of services and clients, and geographic location). The model's treatment activities focus on "generalist" professionals who coordinate and provide support services to front-line workers (usually teachers and child care workers) who work with the child. Each community "hub" offers a continuum of treatment alternatives including residential treatment, a day treatment site, a cooperative relationship with the public schools, and a network of consultants and providers whose services are coordinated by the "generalist." (DB)

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The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996).

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Community-based Treatment Hubs

The Spurwink School offers a series of treatment "Hubs" that are positioned in a tri-state area. This summary outlines the "Hub" model and its key features.

Administrative Structure

The continuum of services within the Spurwink system involves community based programming in a wide geographic area in the states of Maine, New Hampshire, and Rhode Island. This involves a central administrative structure as well as decentralized program supervision structures. The central administration is involved in such activities as financial administration and accountability, program coordination, training, governance, computerized systems, human resources coordination, clinical and educational oversight, quality assurance, licensing, accreditation, government relations and fundraising. The decentralized supervision is based on the use of program directors who provide oversight to clusters of programs which are based upon the categories of services and clients, the geographic location or the setting in which services are provided.

Within the children and adolescent segment of the program, the geographically specific day treatment centers serve as "Hubs" for the day and residential programming; each has a program director. Program directors also serve an integral function at the adult developmental disabilities day activity and residential programs, the Spurwink Clinic and the two residential treatment centers, including the specialized adolescent and the long-term staff secure programs. These program directors are the vehicle for communication, quality assurance, training, financial accountability, treatment, education, and various other activities. This entire model involving a central administrative structure and a decentralized program supervision structure managed by a program director assures integration of services and accountability.

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The Generalist Model

The core of the treatment activities is via the professional identified as "Generalists." The generalist became the core of the treatment paradigm employed at Spurwink; and thirty-five years later, across three states and more than 60 sites, it remains the philosophical approach; and importantly, the key to its managed care activities.

This generalist model was developed from the recognition that child care workers and teachers are the core professionals most exposed to the challenging behavior of kids with emotioonal or behavioral disturbances.

In order for these front-line workers to be effective, immediate, and responsive, support services and supervision are required. This is the role of the generalist - the one who integrates and coordinates all that goes on in the life of a particular child. The generalist is responsible for working with the child's family, working with the clinical staff, working with child care workers, and working with teachers. The task is to communicate, integrate, translate, support, and supervise.

The generalist model recognizes the fact that fragmented children and families cannot effectively be treated with fractionalized services.

The fascinating reality of this model has been its adaptability. Established as a key component of residential treatment, the generalist has been used effectively in day treatment, adult intermediate care facilities and community based residences designed to bring youngsters out of intensive in-patient facilities.

With this as its philosophical core, it is easy to see why Spurwink began to expand its mission in a decentralized fashion. Each community that was developed was designated as a "Hub." For every hub there is a series of residential alternatives, a day treatment site, a cooperative relationship with a public school and a network of consultants and providers, ranging from psychiatry to nutritionists to vocational training specialists. Each community "Hub" and all of its components are linked together and held accountable by the Generalist, the treatment "Hub."

Given the least restrictive to most restrictive, definition of the residential continuum, Spurwink was able to respond quickly to being able to accept difficult to place and difficult to manage youngsters. This also permitted intra-agency movement of youngsters, if necessary. Because of this Spurwink developed the reputation of being flexible and adaptive. Of course, this is a core requirement within the managed care paradigm.

Authors

Harvey J. Berman, M.A., LMSW
Executive Director
John Rosser, Ed.D.
Senior Administrator
The Spurwink School
899 Riverside Street
Portland, ME 04103
Voice: 207/871-1220
Fax: 207/871-1232

Liberton, C., Kutash, K., & Friedman, R. M. (Eds.), (1997). The 9th Annual Research Conference Proceedings. A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research & Training Center for Children's Mental Health.